

KANSAS DEPARTMENT OF HEALTH & ENVIRONMENT

Moderator: Aimee Rosenow
June 23, 2015
10:00 a.m. CT

Operator: This is Conference #: 42401569.

My name is (Bradley), and I will be your conference operator today. At this time, I would like to welcome everyone to the state-wide population health conference call. All lines have been placed on mute to prevent any background noise. After the speakers' remarks, there will be a question and answer session. If you would like to ask a question during this time, simply press star then the number 1 on your telephone keypad. If you would like to withdraw your question press the pound key. Thank you, Ms. Aimee Rosenow, you may begin your conference.

Aimee Rosenow: Thank you, Bradley. Good morning everyone and welcome to the June Statewide Population Health call. I'll go through our agenda very quickly. First we'll have our Ebola preparedness and response update, followed by an update from our State Epidemiologist, Charlie Hunt. We will have our preparedness update and then we'll finish up with the communications update. So, I'll now turn the call over to Carman Allen, our Preparedness Program Director.

Carman Allen: Good morning. Update for Ebola preparedness and response, we have received I believe funding for public health Ebola grant funds. We are still waiting for approval on the hospital and Ebola Preparedness fund. They sent us a list of restrictions that on that funding we haven't answered their questions, and we're awaiting to see if they have approved those yet or not.

We do have a field trip scheduled for our Ebola assessment facilities and (KDHE) staff to the Ebola treatment center in Omaha at the end of July and I don't think I have anything else, Charlie do you?

Charlie Hunt: I just have a brief situation update and I'll let folks know about our changes in policies regarding (Liberia). So good morning everyone, this is Charlie Hunt and first I want to provide a brief update on the situation for Ebola in West Africa. To date, as of the most recent situation update, there has been greater than 27,000 cases and 11,000 deaths in Guinea, Liberia and Sierra Leone.

Certainly, the incidence of cases has decreased overall pretty dramatically. But just to keep things in perspective there were 24 cases reported during the week of June 14th and there were a total of 76 confirmed cases reported from Guinea and Sierra Leone in the previous three weeks of the 21 days before June 14th.

So although cases have slowed down, the outbreak is still occurring at least in Guinea and Sierra Leone. Of course with Liberia, as you all may recall from the last HAN update and from other information that we have been sending out, the last case of Ebola virus disease in Liberia occurred the week of March 22 and the World Health Organization declared Liberia Ebola free as of May 9, 2015.

And subsequently, CDC has classified Liberia as a country with former widespread transmission but with current established control measures. Because of the change in the situation in Liberia, there have been several organizations that have been communicating with CDC and other federal partners about the need to change the policies and practices regarding Liberia particularly with respect to entry screening and public health monitoring of persons who've traveled only in Liberia and so we're pleased to announce that that guidance has finally been issued by CDC.

I issued a (KSHAN) report last Friday evening that provided an overview and actually more details about this so I'm going to provide some brief information about it on the call this morning. So please refer back to that (KSHAN) report that was posted last Friday, but essentially effective June

17th travelers who have been in Liberia only, so this would exclude travelers who have been in Guinea or Sierra Leone - but if they've been in Liberia only, they will be continue to be funneled through one of the designated U.S. airports that we've been using all along and they will continue to be screened upon arrival by U.S. customs and border protection.

They will receive a modified care kit and again the care kit is intended for checking for Ebola. This modified care kit is tailored for persons who are traveling in a country with former widespread transmission and provides information on symptoms and instructions for them to contact their state health department and the numbers are provided there should they develop symptoms.

The CDC has discontinued some routine notifications to the state health department through a system called EpiTrax, unless we explicitly requested that we continue to receive notifications on those travels which I have done so and so basically our practice will be that we will continue to notify the local health department if there are any travelers that are coming from Liberia and we recommend that the health department make an initial contact with those travelers to establish a line of communication and to reinforce the need for the traveler to report to them any symptoms or illness that they develop that's consistent with Ebola.

However, we are not recommending that the local health department conduct the daily public health monitoring as we have been doing with the travelers from the three affected West African countries. The travelers should be instructed that if they do develop fever or other symptoms during the 21 day observation period, that they should notify the local health department and the primary rationale for this is that the local health department staff can work with the person and work with the person's healthcare provider and the local hospital to make sure that the hospital and healthcare providers understand the change in recommendations regarding risks and just to help with that communication so that there's not undue anxiety over the patient coming in.

The CDC has also issued clinical consideration for the evaluation of the travelers from Liberia to the United States and this is posted via the health

alert network and I included that as an attachment to the (KSHAN) report that I posted on Friday. Although travelers from Liberia are still included in the CDC case definition for a person under investigation, the CDC recommendations for how this patient should be managed and the infection and prevention practices have been updated for those patients and so it's important for you all to be aware of what those changes are.

Essentially, the patient should be placed in a private room and assessed and the patient can be removed from isolation after the risk assessment is conducted and Ebola virus disease is determined not to be among the differential diagnoses. The hospital should follow routine infection and prevention practices based on the patient's symptoms and then evaluate and manage the patient according to those symptoms and findings of illness, and other care should not be delayed. I will be working on updates to the Ebola Virus Preparedness and Response Plan and we'll get that posted as soon as we can.

Next, I'd like to talk about MERS COV, Middle East Respiratory Syndrome. This was first reported as you all will recall in Saudi Arabia back in 2012 and has now spread to several other countries. To date, there have been more than 13,000 laboratory confirmed cases, including 475 deaths.

Camels are thought to be a major reservoir host but the transmission dynamics have not really been well understood. Most recently, there has been the emergence in the Republic of Korea: the first single case reported on May 20, 2015 and as of today there have been 174 cases including 27 deaths.

All the cases seem to have been acquired in healthcare facilities where other MERS COV patients have been treated and there's no evidence of ongoing community transmission at this point. We've also seen a couple of recent travel associated cases reported from Thailand and China. The imported site is Saudi Arabia and travel is expected to increase in late June and July here and again in September for individuals returning from that area.

CDC has issued a travel alert level 2 which is a practice enhanced precautions for travel to Saudi Arabia and into other countries around that area and

healthcare providers should conduct thorough travel histories of all patients to assess risk for infectious disease and this is another point that I emphasized in the (KSHAN) report for Ebola that we posted last week is the importance of assessing thorough travel history.

Not exclusively for Ebola, not exclusively for MERS but there are lots of other diseases occurring throughout the world - whether it is chikungunya virus in the Caribbean, or measles, or dengue, or cholera. There are lots of other things to be concerned about and so we need to take kind of an all hazards approach to this.

But nonetheless, patients who report a travel history to the Arabian Peninsula or nearby countries should be considered a patient under investigation for MERS COV if they meet the clinical criteria which would include acute respiratory illness. Again, the CDC has very detailed information about this and we've also passed that along through (KSHAN) reports and so please become familiar with those and consider travel history in patients that are presenting with infectious disease.

Finally just a couple of notes about tularemia and West Nile virus. We have seen what appears to be a little bit of an increase in tularemia cases. We've had 15 cases to date in 2015, five of those cases have been reported in this month alone so it appears to be a bit of an increase and of course with West Nile virus we saw an increase in total mosquitoes in late May including Culex species which are known to be vectors of West Nile virus and we reported our first human case in Lincoln County and we announced that on June 10, 2015.

Again, once again it's a good time to reinforce prevention for mosquito and tick borne disease include avoiding going out at dawn and dusk without insect repellants and checking your pets and checking yourselves for ticks when you come in. We also wanted to just provide a reminder about our disease prevention for fairs and festivals tool kit, this is something we put out last year. The upcoming EPI updates newsletter that will be published shortly will have the information about this with links to our Webpage.

And just as a reminder, this tool kit contains recommendations for animal contact area facility assigned. It gives a lot of resources including examples of hand washing, recommendations for animal care and management, food safety recommendations and so forth so be looking for that in our upcoming EPI Updates newsletter and we think our local health departments can better understand and further the primary work on that. And again with festivals and fairs starting up and going throughout the summer and early fall, this is a good resource for you.

And finally, just wanted to say goodbye to (Dr. Ann Strayle) on our staff. Many of you may know that she has left (KDHE) as of last week and she is beginning her new career as an epidemic intelligence services officer on July 1st. Her new assignment will be the division of vector borne diseases down in Atlanta and we will miss her but we wish her well and with that I will turn it back to Aimee.

Aimee Rosenow: Thank you, Charlie. I just want to mention since Charlie brought up that we had sent out a couple of health alerts on some of these topics, that if you're not signed up for those, you can request to be signed up for them by e-mailing kshanadmin@kdheks.gov. So next we have our preparedness update.

Jamie Hemler: Thanks, Aimee. Good morning everyone. We've got several updates on contracts and work plans this morning. PHEP Ebola contracts were e-mailed out to all health departments on Thursday, June 11. All public health regions, Cities Readiness Initiative (CRI) and tribal nations should have received their contract on Friday, June 19th. For the regional and CRI contract, the fiscal agent health department administrator was the recipient with a copy going to the regional coordinator and for the Ebola supplemental contract only the local health department administrator received that e-mail. So please let us know if you did not receive your contract.

In regards to the Ebola application and Catalyst, we have had some that have come back and told us they can't enter their budget. A lot of times that is because the application had already been submitted so if you can't see your budget, please let Nichole Fairley know. She will be able to go into Catalyst and un-submit your application for you so you can go back into the system, enter

your budget, redo the application, and submit. If you need Nichole's contact information, her e-mail address is nfairley@kdheks.gov and her phone number is 785-296-0425.

All public health, hospital, and PHEP Ebola supplemental work plans have been posted to our website. As a reminder, all public health work plans are for reference purposes only. Progress reporting will begin to be completed within Catalyst. Please do not submit paper forms to the Preparedness e-mail account for budget period 4 because you will be directed to submit progress within Catalyst.

Please note we have not yet received our Notice of Award for the HPP Ebola funding yet. This is the revised Notice of Award as Carman said after our response to our restrictions that we received. So, we haven't heard anything about that yet. The affidavit of expenditure mechanism that has not been added into Catalyst yet. We hope that it will be completed by the first reporting period but in case it is not you can still find the affidavit of expenditure form on our website under local health department resources.

The Ebola supplemental affidavit form is located directly below the Ebola work plan on our health department resources page. If you've already incurred costs related to the Ebola work plan derivable please go ahead and submit your first affidavit by July 15th using the affidavit form that is online. This can still be submitted to preparedness@kdheks.gov.

So to give you a rundown of the due dates, the PHEP Ebola applications and budgets are due to be submitted within catalyst by July 15th. The Ebola first period affidavits of expenditure if applicable are due by July 15th. PHEP regional, CRI, and tribal signed agreements are due back to KDHE by July 31st. PHEP regional and CRI applications and budgets are due to be submitted within Catalyst by July 31st.

I've got one more thing for you. I'd like to run through the Ebola supplemental work plan for the local health departments. We have received some comments from our staff who have been out attending meetings that there are still some confusion and questions about what we are expecting. So,

I'm going to run through the work plan and if you have questions or confusion please speak up when we open the line for questions and answers. We've got a couple of our subject matter experts in the room, so if there are some questions outside of my wheelhouse, we can definitely try to get those answered for you.

The local health department will conduct a table top exercise to test their Ebola preparedness and response capabilities. Please note we've had questions about a full scale exercise, a full scale exercise is not being required for local health departments. You only have to have a tabletop level exercise. If an Ebola exercise already took place in the 2014-2015 grant period, that exercise will count towards this requirement as long as an after action report and improvement plan showing substantial effort can be produced.

Item number two, purchase personal protective equipment for localized use. Local health department should purchase Tier 1 and Tier 2 PPE as noted in the Kansas Ebola Preparedness and response plan.

Work plan item number 3, local health department clinicians or those who will have direct patient contact will participate in KDHE hosted regional PPE trainings. Those are currently ongoing. As soon as more trainings are scheduled, we will get those sent out through the Preparedness e-mail account. KDHE will have PPE available for those that do not have their own PPE. We have been gathering a PPE cache of our own to take along with us to the trainings. The TEEX course PER-320 Personal Protective Measures for Biological Events will also account for this work plan credit.

Work plan item number four, local health departments will participate in KDHE provided refresher training on proper cleaning and disinfecting procedures related to this control and prevention. Clinicians and/or any health department staff that would be responsible for providing direct patient care should take this training. The training will be offered on KS-TRAIN, however there is currently no course number at this time.

Work plan item number five, local health department will participate in KDHE hosted regional Ebola Risk Communications training. Local health

departments should send their Administrator and/or public information officer to this training. Other trainings will not be accepted in lieu of the KDHE Ebola Risk Communications training. This training will take place in the spring of 2016.

And the last work plan item, if a local health department hires a new staff member that will be engaged in patient monitoring, the staff member must undergo the active monitoring training module for EpiTrax, KS-TRAIN course number 1054335.

Aimee Rosenow: OK. We do have a follow-up update from Charlie so we'll turn the call back (over to him).

Charlie Hunt: OK, thanks. I just wanted to go over some information. I think that was presented last month by (Jane Shirley) regarding the aid to local grant contracts regarding information technology protection. This is a new attachment that will be included in the aid to local grant contracts and the primary rationale for this was really developed when we conducted a review of EPITrax, an on online infectious disease surveillance system.

We conducted a review of all the security and confidentiality features and policies regarding that system. And one of the things that we noted was that the way that we have been managing (those needed) to be updated. We primarily relied on our individual user agreement with the local health department staff and staff here at KDHE that had access to (EPITrax).

And one of the problems of course is that when personnel leaves employment all the responsibilities (and other finances) are placed back on that employee and there's no – that we had no agreement in place with the local health department or other agency that employed that person. And that was just a gap that we needed to address and so we started looking at ways to improve the policies regarding this and (overall) decided it will be a good idea to enter into an agreement with the local health department and other entities that are using (EPITrax).

And the same principle applies to all other systems we have (in use here at) KDHE including WebIZ and some other things and so the aid to local contract process was a good place to do this and you know kind of a one stop place to do it rather than enter into a lot of individual agreements.

And so that was really the impetus for the attachment that you see here so please take a look at that and read and understand it, it includes a lot of pretty standard language regarding information security again making sure that you all have the appropriate systems in place to protect your information and the confidentiality of the data within it.

Another thing is the requirement to notify KDHE in the event that an employee who has access to one of these systems leaves his or her job and should no longer have access to it. The attachment included a list of the various systems with contact name, phone number, and an e-mail address for the person here at KDHE and in particular if for some reason an employee is terminated for cause, the need to notify us immediately so that we don't have staff in that situation with access to one of our systems.

So, (that's the) brief overview and we're happy to address any questions you have about this process.

Aimee Rosenow: Thank you Charlie. And finally, we have our updates in the communications office. The first thing we wanted to touch on is Heat Safety. We recently setup a Web page at kdheks.gov/extremeheat. We also have some general information on it geared more to the general public and some other resources. We also wanted to remind you about our extreme heat tool kit that is also available and you can find that on the bottom of that page as well.

We will be pushing out some social media and we already have actually on Heat Safety on how to prevent heat related illnesses so please feel free to share those from our Twitter account and Facebook page. The other thing we also did is we – since Charlie mentioned that - we setup a similar page for West Nile Virus so you can find that at kdheks.gov/westnilevirus. There you will find some FAQs and some general information and some resources

available on that page as well. And we've also been sharing that information on our social media channels, so be on the lookout for that.

A couple of weeks ago, we had our first news release for blue-green algae season so you'll begin to see those come out weekly and we'll be sending out the health alert network messages on (what lakes) are affected by blue-green algae and if you have any questions, feel free to let us know.

In general, if you need access to any of these resources or have any questions, we're happy to share that with you. Just send an e-mail to communications@kdheks.gov. I think that's it for communications. So, we'll go ahead and open up for our question and answer session.

Operator: Thank you, ma'am. At this time, if you would like to ask a question, press star one on your telephone keypad. If you would like to withdraw your question, press the pound key. Thank you. We'll pause for just a moment to compile the Q&A roster. Again, the star one to ask a question. Your question comes from the line of (Cindy Molen).

Aimee Rosenow: Hi, Cindy, how can we help you?

Cindy Mullen: Good morning. Would you please clarify are the fourth quarter reporting documents for 2014-2015 supposed to be submitted via the Preparedness e-mail or in Catalyst?

Jamie Hemler: Yes, they'll send BP4 information to preparedness and it won't be until after July 1 that we start putting everything in Catalyst.

Cindy Mullen: OK, thank you.

Operator: Again, to ask a question, press star one. Your next question comes from Michelle Billups.

Aimee Rosenow: Hi, Michelle.

Michelle Billups: Hi. You guys said something about having a list of contact information for all of the programs and stuff that we are able to have access to? I don't recall seeing that, where – is there a place that I can access that or can I have that re-

e-mailed to me, as I have new staff and I just want to make sure that they get access to all the things that they need?

(Jane Shirley): Hi, this is (Jane Shirley). I think what you are referring to is the list that Charlie referred to when he was giving the comments about the information technology agreement. You will find that in your notice of grant reward when that comes out from (Kevin Shaughnessy) with your aid to local contracts and that particular list specifically indicates the systems that are being used - those online systems that are accessed by our grantee agencies - and it gives the contact information for who to notify if you have an employee that has that access and that employee is either leaving your employment or is terminated. Did that answer your question, Michelle?

Michelle Billups: Yes, thank you.

(Jane Shirley): Perfect, thank you.

Operator: Again, to ask a question, press star one. And there are no further questions at this time.

Aimee Rosenow: Thank you, Bradley. OK, as a reminder our next call will be July 28th at 10 am and you can also find the transcript from these calls (by going to the KDHE local and rural health webpage) and again feel free to reach out to any of us on the call if you have any questions later.

So, again, thank you for joining us this morning and we'll talk to each other next month.

Operator: Ladies and gentlemen, this does conclude today's conference call, you may now disconnect.

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